STD 262 (F	REV. 10/92)	PENSE CLAIN	/I			ructions a ent on Re	verse Sid	e			Page	• 1	of	1	
Melissa Decker							SSAN OR EMPLOYEE NUMBER DEPART					TMENT			
POSITION CB/ID NUMBER						DIVISION OR BUREAU Wash					nington DC Office				
Deputy RESIDENCE	Directo.	r		<u></u>		HEADOUAR	TERE ADDRE								
							HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
CITY STATE ZIP						CITY STATE					ZIP				
MEALS						<u> </u>				RANSPORTATI					
MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING				INCIDENTALS	COST OF		CARFARE,	PRIVATE CAR USE		BUSINESS	TOTAL	
Feb-10				BREAKFAST						TOLLS,					
22 C-b			 	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING /	MILES	AMOUNT		FOR DA	
22-Feb		Washington, DC	<u> </u>							15.00		0.00		15.	
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SUBTOTALS 0.00 OLUMN CODE (ACCTG. USE ONLY)			0.00	0.00	0.00	0.00	0.00	0.00	15.00	0	0.00	0.00			
JEOWIN C						Y			NATE OF THE	1.757		HEARE !			
CLAIM TOTAL URPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)													\$15.	00	
		meetings for the				en require	d)			N	ORMAL W	ORK HOUR	:S		
				1 001 441)						PI	RIVATE VE	HICLE LICE	ENSE NUL	ABER .	
										М	ILEAGE RA 0.445	TE CLAIME	ĒD		
										39	A STATE OF THE PERSON NAMED IN	ACCOUN	ITING OF	FICE	
REBY CER	TIFY, That	the above is a true stateme	ent of the trav	rel expenses i	ncurred by n	ne in accorda	nce with DPA	a rules in the	service of the	State of		USE ON			
fornia If a p	orivately ow	ned vehicle was used and	if mileage ex	ceeds the min	imum rate, I	certify the co	st of the ope	rating the ver	icle was equ	al to or	PAID BY RE	VOLVING FUN	D CHECK NUM	MBER	
	rate claime	d, and that I have met the	requirements	as prescribed	by SAM Se	ections 0750,	0751,0752,0	753 and 075	4		21	100	01		

NATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

2-28-10

3/8/10